



Office Use Only

Date/Time Received	Date/Time Processed	Receipt #	Initials

# Walk-In/Mail-In Program Registration Form

THERE ARE 4 WAYS TO REGISTER:

<b>ONLINE:</b> Visit <a href="http://www.westfield.in.gov/parks">www.westfield.in.gov/parks</a> - Quick and easy – register from home 24 hours a day, 7 days a week. No convenience fees!	<b>CALL:</b> 317-804-3183 – Visa, MasterCard, Discover, and American Express accepted	<b>WALK-IN:</b> Bring this completed form to: Westfield City Service Center, 2728 E. 171 <sup>st</sup> Street, Westfield, IN 46074; M-F 8am-4:30pm	<b>MAIL-IN:</b> Mail completed form to: Westfield Parks & Recreation, 2728 E. 171 <sup>st</sup> Street, Westfield, IN 46074 - Checks only, please.
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Please provide ALL information requested for each participant.

NAME, PARENT OR GUARDIAN NAME \_\_\_\_\_ (FIRST) \_\_\_\_\_ (LAST)

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

SPECIAL HEALTH OR LEARNING CONSIDERATIONS \_\_\_\_\_

HOW DID YOU LEARN ABOUT OUR PROGRAMS? \_\_\_\_\_

Participant Name	Birthdate	Gender	Activity Name	Activity Number	Day/Time	Fee
EX: John Smith	1/1/01	Male	Preschool Soccer	10000	M/4-4:45pm	\$42
Fee Total:						

## Please Note:

All fees must be paid in full when registering for programs that charge a fee. A receipt and any instructions or supplementary information required prior to the first class meeting will be provided via email. Classes with limited registration will be filled on a first come, first served basis. Waiting lists will be kept for all individuals interested in a particular class or program. There is no fee to be placed on a waiting list. We will contact you if a program slot opens or if another session is added.

- Double check your registration form to ensure that you have filled it out completely and accurately, and make sure to sign the waiver on the back of this page.
- Be sure to include all information including program name and number, and the participant's birth date.
- Be sure to include both a home and emergency phone number.
- Registration is on a first come, first served basis. Spots will not be held without payment.
- The Westfield Parks & Recreation Department is not responsible for lost or late mail.
- Please do not send cash. Make checks payable to Westfield Parks & Recreation.
- In case of cancellation or change in classes, you will be notified by phone or via email.
- A full refund will be issued if the Department cancels a program. All refunds are subject to the State Board of Accounts claim procedure and may take 4-6 weeks to process. For any other reason, refund requests made prior to the registration deadline will be granted with the full fee being held on account with Westfield Parks & Recreation to be applied to future programs, classes, or any other Parks & Recreation fee.



### **Program Participant Waiver**

In consideration of me and/or my child's participation in this activity, I hereby release, waive, discharge, and covenant not to sue the City of Westfield and the Parks & Recreation Department, and their representatives, successors, volunteers, affiliates, and assigns from and against any and all present or future claims, causes of action, suits, losses, damages (including incidental, consequential, and punitive damages), and other liabilities, including attorneys' fees, arising out of or related in any way to any accident, injury, and illness that I (he/she) may suffer as a result of my (our) participation in this activity. I have no medical/physical issues that would prevent me from participating in this activity. I (we) also will follow the rules and regulations set by the Department. Parent or guardian must sign for anyone age 18 and under.

I hereby grant and give these groups the right to use my or my child's photograph or image with or without my or my child's name, both singly and in conjunction with other persons or objects and presentations, advertising, publicity, and promotions relating thereto.

Signature of  
Participant: \_\_\_\_\_

Date: \_\_\_\_\_

Name of  
Participant: \_\_\_\_\_

Parent or Guardian Signature (if necessary):

I am the parent or guardian of the Participant, and on the Participant's behalf, on my behalf, and on the behalf of all other parents or guardians of the Participant, I hereby acknowledge and agree to the above terms and voluntarily sign the same.

Parent/Guardian  
Signature: \_\_\_\_\_

Name of  
Minor(s): \_\_\_\_\_

Name of  
Parent/Guardian: \_\_\_\_\_

Relationship to  
Participant: \_\_\_\_\_